

Quote ID: 5491

Product Options

	Renewal Option 4 \$2000 HMO Trad Explore	Renewal Option 5 \$3000 HMO Trad Premier	Renewal Option 6 \$3000 HMO Trad Explore			
	Explore/HMO Traditional With Rx	Premier/HMO Traditional With Rx	Explore/HMO Traditional With Rx			
Benefits	If you want to renew as is					
Deductible (Single/Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000			
Coinsurance	100%	100%	100%			
Maximum Out-of-Pocket (Single/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000			
Emergency Room Copayment	Ded/\$250	Ded/\$250	Ded/\$250			
Urgent Care Copayment	\$100	\$100	\$100			
Office Visit Copayment	\$25	\$25	\$25			
Specialist Office Visit Copayment	\$50	\$50	\$50			
Preventive Benefit	Paid at 100%*	Paid at 100%*	Paid at 100%*			
Laboratory/Radiology Benefit	Subject to deductible/coinsurance	Subject to deductible/coinsurance	Subject to deductible/coinsurance			
Dependent Wrap Benefit	Not included	Included	Not included			
Pharmacy Benefit	\$10/\$30/\$60/\$250	\$10/\$30/\$60/\$250	\$10/\$30/\$60/\$250			
Mail Order	x 2 Copay(s)	x 2 Copay(s)	x 2 Copay(s)			
	Contracts	Rates	Contracts	Rates	Contracts	Rates
EE Only	16	\$1,050.23	17	\$949.23	17	\$990.99
ES	17	\$2,373.52	14	\$2,145.26	14	\$2,239.64
EE +1 child	2	\$2,373.52	3	\$2,145.26	3	\$2,239.64
EE +2 or more children	3	\$2,373.52	1	\$2,145.26	1	\$2,239.64
Family	19	\$2,373.52	35	\$2,145.26	35	\$2,239.64
Medicare Single	0	\$735.16	0	\$664.46	0	\$693.69
Medicare Couple	0	\$1,470.32	0	\$1,328.92	0	\$1,387.39
Medicare Split	2	\$1,785.39	0	\$1,613.69	0	\$1,684.68
Total	59	\$117,688.78	70	\$129,835.69	70	\$135,547.75

*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).
Deductibles are based on calendar year. Rates have been calculated for the period 7/1/2020 through 6/30/2021.

Benefits and rates as shown (circle choice(s) - add comments as necessary)

Acceptance Signature _____ Date _____